

INSTRUCTIONS: Submit by	to:
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCT	ION
COMMUNITY NUTRITION PROGRAMS	
Attn:	
P.O. BOX 7841	
MADISON WI 53707-7841	

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	GENERAL INFORMATION	N		
Sponsoring Agency		Agreeme	nt No.	Date Mo./Day/Yr.
Negotiated Action			Completion Date	
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As discussed during the program evaluation, it is under	pretood that prompt corrective action	is require	d for the observations	cidentified above Additional
As discussed during the program evaluation, it is understood that prompt corrective action is required for the observations identified above. Additional review observations and required corrective action (if applicable) will be included in your comprehensive Summer Food Service Program Report which will be mailed to you.				
	SIGNATURE			
Signature of Agency Representative				Date Signed
>				